



# City of Newton Enrollment Form – Flexible Spending Accounts

January 1<sup>st</sup> 2016 – December 31<sup>st</sup> 2016

## GENERAL INFORMATION:

Employee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Annual Election**

**Medical/Health Care FSA (\$100-\$2500)**      \$ \_\_\_\_\_

**Dependent Care FSA (\$300-\$5000)**      \$ \_\_\_\_\_

Effective date of coverage: 1-1-2016

My pay schedule is:    ☐ City 52 pays    ☐ School 52 pays    ☐ School 24 pays    ☐ School 20 pays

## AUTHORIZATION & ACKNOWLEDGEMENT:

I understand that I cannot revoke or change this election during the Plan Year unless there is a qualifying "Change in Status" event that affects my or my dependents' eligibility under this Plan or another employer plan. The rules regarding election changes are described in more detail in the Summary Plan Description.

I understand that I must submit a claim and appropriate documentation (e.g. explanation of benefits, itemized bill) for out-of-pocket, Medical, Dental, Vision and/or Dependent Care expenses before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Flexible Spending Accounts for eligible expenses incurred by myself or my eligible dependents, in accordance with the terms of the respective Flexible Spending Account Plan. I certify that I will not submit claims for reimbursement under the Flexible Spending Accounts for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

WageWorks is the administrator of your Plan.  
**Please return this form to your Employer.**